

Membership Application and Release Form

Langley Research Center (LaRC) Fitness Center

Authority: Space Act of 1958, as amended Principle

Purpose: To evaluate applicant's eligibility, record of use, and acceptance as member in the use of LaRC Fitness Center.

Routine use: To verify usage of the LaRC Fitness Center

Disclosure: Disclosure of information is voluntary; however, failure to disclose requested information would result in individuals being excluded from membership and use of the LaRC Fitness Center.

Applicant's Name: _____ Date: _____
(LAST) (FIRST) (MI)

Indicate Status by checking appropriate Box(s) below:

NASA Contractor _____ Co-op/Intern/Student _____ Exchange _____

NASA Sponsor's Organization/NASA Contractor Organization: _____

Bldg. Number/Location: _____ Phone:(Work) _____ Phone: (Home) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

For Official Use Only

			Term.	Paid Fee Amount
Contractor (Printed Name):	DOB:	Card #: _____ Expiration Date: _____		
Co-op/Intern/Exchg. (Printed Name):	DOB:	Card #: _____ Expiration Date: _____		

In consideration of the privilege of participating as a member in the LaRC Fitness Center, we the undersigned for ourselves and for our heirs, executors, administrators, and assigns do hereby remise, release, and forever discharge the United States of America, the National Aeronautics and Space Administration, the NASA Exchange of Langley Research Center, and their respective employees, agents, or representatives, of and from all demands, claims, suits, proceedings, and account of personal injuries, death, or property damage of whatever character or description which we have or may hereafter sustain while we are exercising our rights and privileges as members of the LaRC Fitness Center. We the undersigned declare that we fully understand the terms and conditions of this release and voluntarily consent thereto for the consideration.

Applicant's Signature _____ Date: _____

I have completed a Medical Screening of the above individual and find that this individual's physical condition permits him/her to engage in aerobic exercise and weight lifting at the LaRC Fitness Center for the next year.

Physician's Signature(s) _____ Date: _____

Office address _____

Phone Number _____

(All individuals requesting membership(s) must be 18 years of age, sign and date above as well as obtain medical physical and pay users fee for each applicant prior to being issued a membership card.)